



PATENT
Attorney Docket No. FIL-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): von Spreckelsen et al. CONFIRMATION NO.: 7288
SERIAL NO.: 10/567,891 GROUP NO.: 3727
FILING DATE: February 8, 2006 EXAMINER: Not yet assigned
TITLE: Opening Devices for Foil Closures

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 25th day of September, 2006.

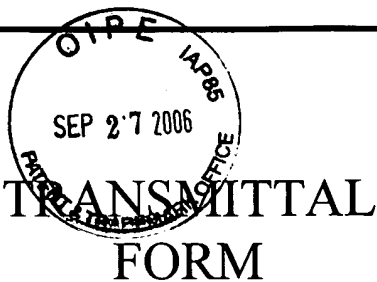

Lori Calnan

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

- 1) Transmittal Form (1 pg.);
- 2) Supplemental Information Disclosure Statement (2 pgs.);
- 3) Supplemental Form PTO-1449 (1 pg.);
- 4) IDS Citations (B4-B6);
- 5) Notification Under 37 C.F.R. §1.28(c) (3 pgs.)
- 6) Fee Transmittal (1 pg.);
- 7) Check in the amount of \$500.00;
- 8) Certificate of First Class Mailing (1 pg.); and
- 9) Return Receipt Postcard.



Application Serial Number	10/567,891
Filing Date	February 8, 2006
First Named Inventor	von Spreckelsen
Group Art Unit	3727
Examiner Name	Not yet assigned
Attorney Docket No.	FIL-001
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)


<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.) <input checked="" type="checkbox"/> Check Attached (in the amount of \$500.00) <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pgs.) <input checked="" type="checkbox"/> Supplemental Form PTO-1449 (1 pg.) <input checked="" type="checkbox"/> Copy of IDS Citations (B4-B6) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below)</i> Notification Under 37 C.F.R. §1.28(c) (3 pgs.)
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CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Kirkpatrick & Lockhart Nicholson
Graham LLP
State Street Financial Center
One Lincoln Street
Boston, MA 02111-2950
Tel. No.: (617) 261-3100
Fax No.: (617) 261-3175

SIGNATURE BLOCK

Respectfully submitted,


Karen A. Schouten
Attorney for Applicant(s)
Kirkpatrick & Lockhart Nicholson
Graham LLP
State Street Financial Center
One Lincoln Street
Boston, MA 02111-2950

OFFICE TRANSMITTAL
 SEP 27 2006
 14986

FY 2006

Complete if Known	
Application Serial Number	10/567,891
Filing Date	February 8, 2006
First Named Inventor	von Spreckelsen
Group Art Unit	3727
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Attorney Docket No.	FIL-001

METHOD OF PAYMENT
 1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.

3. ☐ Applicant claims small entity status.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
120	60	Extension for reply within first month	
450	225	Extension for reply within second month	
1020	510	Extension for reply within third month	
1590	795	Extension for reply within fourth month	
2160	1080	Extension for reply within fifth month	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1000	500	Request for oral hearing	
400	400	Petitions to the Commissioner (Gp. I)	
200	200	Petitions to the Commissioner (Gp. II)	
130	130	Petitions to the Commissioner (Gp. III)	
180	180	Submission of Information Disclosure Statement	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	
Other fee (Specify)		Deficiency of fees owed as a large entity pursuant to attached Notification Under 37 C.F.R. §1.28(c)	500.00
Other fee (Specify)			

SUBTOTAL (3) (\$ 500.00)

1. FILING/SEARCH/EXAM/SIZE FEES

Large Entity Fee (\$)	Fee Description	Fee Paid
300	Utility filing fee	
500	Utility search fee	
200	Utility exam fee	
250	Utility size fee (each add'l 50 pgs. over 100)	
200	Design filing fee	
100	Design search fee	
130	Design exam fee	
250	Design size fee (each add'l 50 pgs. over 100)	

Total Claims	Number Filed	Number Extra	Rate	Amount
	- 20 =		x \$ 50.00 =	
Independent Claims	- 3 =		x \$200.00 =	

☐ Multiple Dependent Claim(s), if any \$360.00 =
TOTAL:
SMALL ENTITY DISCOUNT:
SUBTOTAL (1) (\$ 0.00)

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 50.00 =	
Indep.	-	=	x \$200.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$360.00 =				
TOTAL:				(\$)
SMALL ENTITY DISCOUNT:				(\$)
SUBTOTAL (2)				(\$0.00)

SUBTOTAL (1) 0.00
SUBTOTAL (2) 0.00
SUBTOTAL (3) 500.00

TOTAL (\$ 500.00)

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 Graham LLP
 State Street Financial Center
 One Lincoln Street
 Boston, MA 02111-2950
 Tel. No.: (617) 261-3100
 Fax No.: (617) 261-3175

SIGNATURE BLOCK

Date: September 25, 2006
 Reg. No.: 58,343
 Tel. No.: (617) 261-3216
 Fax No.: (617) 261-3175

Respectfully submitted,

 Karen A. Schouten
 Attorney for the Applicants
 Kirkpatrick & Lockhart Nicholson
 Graham LLP
 State Street Financial Center
 One Lincoln Street
 Boston, MA 02111-2950



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NOTIFICATION UNDER 37 C.F.R. § 1.28(c)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. On February 8, 2006, a small entity assertion was first made in the above-identified application.
2. This assertion of small entity status and the payment of fee as a small entity was made in good faith.
3. It is now believed that Applicants' status as a small entity may have been established in error.

4. Itemization of the fees paid as small entity is as follows:

Fee(s) Paid as a Small Entity	Fee Actually Paid as a Small Entity	Current Fee	Deficiency Owed
<input checked="" type="checkbox"/> Filing fee paid on <u>February 8, 2006</u>	<u>\$500.00</u>	<u>\$1,000.00</u>	<u>\$500.00</u>
<input type="checkbox"/> Fee for excess claims (over 20) paid on	<u>\$</u>	<u>\$</u>	<u>\$</u>
<input type="checkbox"/> Fee for excess independent claims (over 3) paid on	<u>\$</u>	<u>\$</u>	<u>\$</u>
<input type="checkbox"/> _ Mo. Extension of time fee paid on	<u>\$</u>	<u>\$</u>	<u>\$</u>
<input type="checkbox"/> The issue fee paid on	<u>\$</u>	<u>\$</u>	<u>\$</u>
<input type="checkbox"/> maintenance fee paid (First, second or third) on	<u>\$</u>	<u>\$</u>	<u>\$</u>
<input type="checkbox"/> Completion Fees paid on	<u>\$</u>	<u>\$</u>	<u>\$</u>
<input type="checkbox"/> Other	<u>\$</u>	<u>\$</u>	<u>\$</u>

Application No.10/567,891
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5. The total deficiency which may be owed is \$500.00

☒ Attached is a ☒ check in the amount of \$500.00

☐ Authorization is hereby made to charge the amount of \$

☐ to Deposit Account No.

☐ to Credit card as shown on the attached credit card information authorization form
PTO-2038.

☒ Charge any additional fees required by this paper or credit any overpayment to
Deposit Account No. 50-1721.

Respectfully submitted,

Date: September 25, 2006
Reg. No. 58,343



Karen A. Schouten

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Fax No.: (617) 261-3175

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